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ABSTRACT

A pilot project was conducted to determine effective strategies for enhancing the self-esteem of "at-risk" students. The project involved middle school students (N=12) from a wide variety of socioeconomic backgrounds and ability levels. The students were determined to be "at-risk" for learning because of depression, child abuse, sexual activity, and/or drug use. Curriculum dealt with the issues of self-acceptance, choices, feelings, cooperation, communication skills, relationships, expectations, and personal responsibility. Through a variety of self-esteem enhancement exercises, the students made significant increases between pre- and post-test scores regarding self-esteem. Their academic scores and attendance rates also increased. Many students opened up emotionally revealing sexual activity, suicidal behavior, molestation, and drug abuse experiences. The purpose of the next project will be to enhance the self-esteem of students who are "at-risk" for learning. The project will simultaneously provide support systems for teachers and others in the school system who are involved with the students. (Author/ABL)

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REPORT OF PILOT PROJECT REGARDING STRATEGIES FOR ENHANCING SELF-ESTEEM OF AT-RISK STUDENTS

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REPORT OF PILOT PROJECT REGARDING STRATEGIES FOR ENHANCING SELF-ESTEEM OF AT-RISK STUDENTS

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ABSTRACT

During the Winter of 1989, a pilot project was conducted to determine effective strategies for enhancing the self-esteem of "at-risk" students. The project involved students from a wide variety of socioeconomic background and ability levels. The students were determined to be "at-risk" for learning because of depression, child abuse, sexual activity, and/or drug use. Through a variety of self-esteem enhancement exercises, the students were noted to have significant increases in pre- and post-tests regarding self-esteem. Their academic scores and attendance rates also increased.

REPORT OF PILOT PROJECT REGARDING STRATEGIES FOR ENHANCING SELF-ESTEEM OF AT-RISK STUDENTS

Overview

1. National studies have clearly indicated that efforts that increase student self-esteem also raise academic grades and test scores.

2. This paper reports the results of a pilot project conducted by the National Rural Development Institute (NRDI) during the Winter of 1989.

3. The focus of the project was to enhance the self-esteem of students identified as "at risk" for learning.

4. The pilot effort was designed to determine effective processes to be used in subsequent, larger-scale self-esteem development programs. (These programs will include experiential preservice and inservice projects for teachers.)

Data for this report were accumulated from pre- and post-tests regarding students' self-esteem completed by students and their teachers, student anecdotal reports; follow-up discussions with the school counselor, facilitators, and principal; and parent reports after the end-of-the-session party for the students.

Goals

The project was designed to assist students in enhancing their self-esteem and to gain a sense of self-purpose. The project focused on beginning to develop the following personal characteristics:

* self-acceptance
* conscious decision making
* responsibility for one's own behavior and decisions
* gaining appropriate control over one's own life
* self-respect
* analyzing one's attitudes toward the world, school, and authority figures
* relationships with peers, parents, authority figures, and those of the opposite sex
* listening and other communication skills
* assertiveness skills
* leadership skills

Process

The target population was middle school students defined as "at risk" for learning by school district personnel. Twelve students were identified as at risk for one or more of the following reasons.

* involvement with crime
* depression
* child abuse (physical, sexual, verbal and/or emotional)
* poverty
* child of alcoholic or substance abuser
* child in a dysfunctional family system
* illiteracy
* migrant
* handicapping condition
* sexually active/pregnant
* substance abuse (drugs and/or alcohol)

Such students have emotional overlays that, at the least, inhibit their learning. Many of them consistently place themselves at risk for drug addiction, alcoholism, AIDS, and other problems.

Parental permission was acquired by the principal in conversations stating that the project activities were specifically designed for students whom school personnel felt were "at risk" for learning. The counselor, principal, and teachers identified twelve students to be involved in the project. On January 9, the project facilitators (the NRDI director, Dr. Doris Helge, and a private practice clinically certified counselor, Alys Kennedy) met with potential students to explain the project and administer the pre-test regarding their self-esteem. A decision was made to work with all twelve students. The project director conducted interviews with each student's core teacher regarding why the student was selected and gathered baseline needs data via a pre-test administered to teachers, concerning the students' self-esteem.

Sessions were conducted from 2:00-4:00 in the afternoons beginning January 10 and ending on February 28, 1989. A decision was made to host a pizza party with certificates and buttons to honor the students for their achievements. Two additional follow-up sessions were held with students, one in March and one in April, at the students' request. (The students were anxious to continue their contact with the group and the facilitators.)

Curriculum topics covered during the sessions centered on needs expressed by students and on a national literature review reflecting middle school students' prime interest areas. These included the predominant influence of peers, implications of

dropping out of school, emerging awareness of sexual identity, conflicts with parents as students sought greater degrees of independence, influence of drugs and alcohol, safely/effectively feeling one's emotions--especially students who lived in abusive homes, and other topics requested by students, including the role of the Child Protective Services agency (CPS). The foci mentioned on page 1 were integrated with these topics. For example, in working with students regarding their concerns about solving conflicts with their peers, teachers, and parents, one of the key methods taught to them was effective communication skills. Practice of effective communication skills took place using their day-to-day examples of conflicts with peers, teachers, parents, and others. One of the most interesting facets of the project was conducting these activities within the context of the dysfunctional families most of the students came from.

Whereas some middle school curriculum contains cognitive information about feelings, teachers stated to the project staff that they were not specifically trained to deal with children from dysfunctional families. (E.g., to assist them in living in their current situations, to express their feelings, etc.)

Curriculum used dealt with the following issues:

* self-acceptance and change
* discovering what we want in life
* being responsible for our own behavior
* choices we have
* how our thoughts control us
* cooperation vs. the need to be "right"
* feelings--
    - -identifying them
    - -their importance regarding controlling our lives
    - -effectively dealing with them
    - -accepting things we don't like and changing what we can
* communication skills--
    - -to say what we need/want
    - -to deal with angry people
    - -to avoid manipulating others or being manipulated when we are angry, hurt, or sad
* we get what we expect (regarding our achievements, rewards, joy, and disappointments)
* relationships with peers, parents, authority figures, and those of the opposite sex

Peer and facilitator feedback to students and their counselor occurred continuously throughout the program.

Program Disadvanages

There were a number of disadvantages inherent in this pilot project.

1. The greatest disadvantage was the short length of the program. The program must be long enough to effect significant, lasting change. Low self-esteem is usually generated at home and continues throughout childhood. Skills to enhance one's self-esteem (e.g., pride in one's abilities, self-acceptance, the involvement of effective communication skills, decision making, and leadership skills) cannot be fully assimilated in a brief program. It is most effective as a relatively long-term process and integrated with other school activities. The program needs time to develop a lasting student support system composed of peers, teachers, school administrators, and when possible, family members. The program must be comprehensive, dealing with as many as possible of the varied issues surrounding teen risk-taking, ranging from drugs to sexual activity. Students must be involved intellectually and emotionally in the learning process. Their needs are best addressed via a holistic framework.

2. The group was heterogeneous and involved students with multiple problems. One student in the group was labeled severely hearing impaired and two were hyperactive. A number had other mild learning difficulties. Interestingly enough, the student who was labeled "severely hearing impaired" appeared to have a very selective hearing impairment related to the fact that she had been molested by her brother for a number of years. While the group was in process charges began to be pressed against him. It is noteworthy that her hearing "improved" because she began to be supported by outside agencies, as well as school personnel. Her hearing impairment became more and more selective. One student who was classified as learning disabled appeared to have a much higher learning potential by the end of the project due to the fact that he felt better about himself. He stated that his core teacher had told him repeatedly that he would never be able to succeed in academics and should choose alternate activities to reinforce himself. The teacher was very well-intentioned and happened to view this child's potential as a half-empty versus a half-full glass. The two hyperactive students did inhibit the group's success. A number of students in the group agreed and their teachers reported on their post-tests, that students of this type who are less likely to succeed and inhibit the total progress of the group should be excluded from the group.

3. All of the students in the group were using drugs and/or alcohol at least to some extent. In our society, this is not surprising, especially since these students were primarily from dysfunctional families. Almost all of the students reported that they were sexually active. One 12-year-old female student reported her goal to become pregnant so that "someone would finally love me." Most of the students had been sexually abused and a number had attempted suicide. Two of the students in the group had some violent tendencies against their parents. This information points out that a program of this type is especially needed.

4. Unstable home environments were especially challenging. Four of the students were concerned about which parent they were going to be living with in the near future. Three students were feeling emotionally abused by a parent's live-in boyfriend or a stepmother. Two students were concerned that they would move and would not be able to attend any more of the sessions. One student was frequently absent, because her stepfather was dying of cancer.

Positive Program Results

A. School Staff Support

The school principal and counselor were highly supportive of the program and stated many times that it saved them time and energy because the students involved were many of the same students who were normally frequently in their offices.

B. Uniqueness of the Project

This project was unique. It addressed the attitudinal and emotional, as well as cognitive dimensions of self-esteem. The emphasis was not on performance, individually or in front of a group, nor was it on achievement. It was on the process of enhancing the child's self-esteem, and helping the children understand that this is a life-long process for which they are primarily responsible.

C. Teacher Interviews Regarding Needs

Teacher interviews regarding their students' levels of self-esteem were useful in planning for the future. For example, teachers requested a list of recommended reading regarding low-achieving middle school students. They wanted information, materials, and approaches to assist them in understanding how to improve the students' and their own expectations for student performance. Some teachers expected too little of their students because they were disadvantaged, and some teachers actually encouraged the students to expect less of themselves. (This was a frequent comment by students in the group. A number of students complained of being told that certain projects were "too hard for them", that they should try for a lower level of expertise, etc.)

D. Student Pre- and Post-Tests

Student pre- and post-tests focused on how much responsibility students accepted for their behavior and decisions, how much control they felt they had over their own lives, their levels of self-esteem, and related dimensions. Student pre-tests clearly indicated that their main concerns were that they wanted more friends and they wanted greater understanding of themselves from their parents. Regarding who was in control of their lives, the response was typically "everyone but me." Their greatest fear about who controls their lives was that they could not be themselves, although a number of the students also feared death. What they most wanted from parents, friends, teachers, and school personnel, was acceptance, understanding, care, trust, and time spent with them. When asked if they believed that their opinions, ideas, and dreams were worthwhile, the pre-tests indicated "no" and post-tests predominantly indicated "yes."

When asked if they felt that their opinions, ideas, and dreams were valued by their friends, teachers, parents, school personnel, and themselves, the pre-test answers were predominantly "no," and the post-test answers were predominantly "yes." When asked if they were honest about their feelings, needs, and opinions with their friends, teachers, parents, school personnel, and themselves, the answer was "no" on the pre-tests and predominantly "yes" on the post-tests. Regarding how they felt about being a part of the project, their pre-test indicated that they were scared, happy, afraid they would make a mistake, and/or that they didn't understand. The post-tests indicated that they were glad they were part of the project, and that they had made new friends.

As per their post-tests, most of their greatest fears had been subdued. One child still stated that "Mom hitting me" was her biggest fear. Their predominant needs were parental understanding and love from home. They seemed to feel somewhat better about their needs being met from peers, teachers, school personnel, and authority figures. They reported that they still were not totally honest with teachers and parents about their needs and feelings and that they wanted more help from their teachers. Post-tests (as with pre-

tests), indicated that they wanted more respect, love, and parental time spent with them. More frequently than on pre-tests, they reported that they valued their opinions, ideas, and dreams and were honest with themselves about their feelings, needs, and opinions (even if they were not always honest with others about them).

They made a number of statements that they "learned a lot from the group," "made new friends," "found that they deserved friends," "learned that they are responsible for themselves and for their decisions," and that they must live with the consequences of their decisions. They stated that they had learned "how to deal with problems," "how to communicate," how to stop unjustified parental anger, and how they "sometimes ask for parent anger." (E.g., why and when they wanted to be punished because they felt badly about themselves.) They made a number of statements such as "I changed. I think this would be a good course for other kids." "It taught kids to think of themselves as special." "People need this group." "I used to hate myself and I don't now." A number of students stated that they saw the group as a reason to come to school. It motivated them to attend on Tuesdays and Thursdays, even if they did not like school otherwise.

As the counselor and the NRDI director discussed, two of the students who were involved in this group and in the Children of Alcoholics (COA) group "acted out" significantly as the two groups helped them expose some serious wounds. The counselor viewed this positively because the students were no longer directing that negativity inward--exhibiting that they were feeling more worthwhile as individuals. The counselor recognizes that teachers need to have more education about this type of opening-up process--what to expect, how to deal with it, and how to have positive expectations for their students.

E. Teacher Pre- and Post-Tests

Regarding teacher pre- and post-tests, except for two students (one suicidal; one moved after the father died), the results were positive. When asked how frequently students take responsibility for their actions, behaviors, and decisions (versus blaming others for being responsible), the pre-tests had indicated mostly "infrequently" or

"sometimes." The post-tests indicated much more frequently. Comments indicated that students were "less aggressive," "used their leadership skills more fully," "improved their organizational skills," "completed work more frequently," and were "better decision makers." They also concluded that students had "more positive expectations of their peers, authority figures, school and teacher," although not more positive expectations of their family members. Teachers reported that a number of the students "generally felt more positive," "smiled more frequently," and "interacted more with other students in class in a positive way." They reported that a number of the students were "more motivated regarding their school work," "more self-confident," and "more frequently accepting of the teacher, peers, authority figures, and family." Teachers made anecdotal comments such as, "The student will talk about being an 'okay' person," "I know she really enjoyed this class." One student was reported on the pre-test to be passive, withdrawn, and fearful and even though he never disagreed with the teacher, he would not necessarily follow through. The report was that he changed to a student reflecting positive expectations about his peers and his teacher, more accepting of authority figures and the school. She further reported, "This student was so passive before that the other students did not realize that he was bright and articulate. He has many interests and is willing to share them at times." Evidence that a number of the students indicated increased self-respect included that they "would volunteer their thoughts, ideas, and opinions by participating in class discussions more," "complete more assignments," "take more responsibility for their work," and "have the ability to get and hold the attention of their classmates."

Over half of the students were reported to listen more frequently and to more frequently indicate self-respect. Regarding one student who had moved, the teacher stated that "the group may assist her to cope in a new setting better than she did in her old setting where she came in with a number of obstacles."

One student who had been particularly belligerent and acted out at school, was reported to "take more responsibility," "be better accepting of peers, authority figures, school and teachers," and "more frequently indicate self-respect."

F. Other Student Progess

The students reported to the facilitators that their grades had improved. This was difficult to check because the sessions occurred in three-fourths of a grading period. It is interesting that the students spontaneously reported that they felt their grades were better because this indicates more self-respect.

Many kids opened up emotionally. Many old wounds surfaced and students shared secrets they stated they had not previously shared with anyone. For example, one student reported that even his parents did not know that he had attempted suicide by shooting himself in the leg. He had suffered a great deal of guilt for a number of years about feeling that he was responsible for his cousin's death. After shedding this serious emotional burden, this student, who had been classified as learning disabled, appeared to be much stronger intellectually, as well as emotionally. One student shared that she had been molested by her brother for a number of years and that neither of her parents would rescue her. In the course of the project, CPS became involved. Although the student was depressed about being questioned and about her family being involved in this process, it appeared to be the beginning of a healing process for her. A number of students, particularly on the day when a young representative of Narcotics Anonymous and Alcoholics Anonymous attended the meeting and worked with the group, shared information about their own drug and alcohol use and made resolves to control that in the future. A number of the students dealt with their sexual activity in the group and determined that they were not as willing to take risks since they valued themselves more than they had when they had taken exceptional sexual risks regarding sexually transmitted diseases.

G. Parent Reports

Parent reports were few in that this was not a structured part of the group. However, four parents who talked with facilitators upon picking up their child after the pizza party said that their children were communicating better, were less hyperactive, focused their attention better, and were generally easier to deal with at home.

H. Sharing Results

Successful processes in the group have been shared at a March, 1989, National Rural and Small Schools Conference in Fort Lauderdale, Florida. They were the prime areas covered during a one-week (July 17-21, 1989) course offered through Western Washington University, "Strategies for Teaching At-Risk Students." (The course was taught by the two project facilitators.)

Project Continuation

The purpose of the next project will be to enhance the self-esteem of students who are "at risk" for learning. The project will simultaneously provide support systems for teachers and others in the school system who are involved with the students. Assessments will indicate that it is of clear educational value academically. It will also contribute to district HIV education efforts.

The administration must clearly establish that this project is an ongoing part of the school program. This will secure upper and middle management, as well as teacher support. The principal needs to be prepared to answer any parent requests for information and to give information in advance to parents and teachers. Teachers need to have planning input so that any academic time that is missed by students involved in the project is justifiable in the teachers' minds.

The program will be longer (3-1/2 months) to effect significant lasting change. It will be comprehensive, dealing with issues surrounding teen risk taking, decision making, communication, and self-respect. Students will be holistically involved in the learning processes related to their self-esteem development.

The facilitators will provide teacher support via ongoing discussions with teachers referring students to the program, individually, and as a group. The school system will be continuously updated regarding project outcomes.

Teachers will meet as a group at the first of school year to discuss program goals and to contribute their input toward finalizing those goals. Issues surrounding student identification will be discussed and teachers' expectations for the program will be fully covered.

The school district will be asked to identify twelve middle school students who represent a cross-section of socioeconomic, achievement, gender, and ethnic groups. The group should include at least two "overachievers," several underachievers, and some students with mild learning disabilities. Any student who is referred by a teacher and requests to be excluded from the program will receive permission to be excluded.

The teachers will have a minimum of one month after school starts to assist the principal and counselor with student selection. In the planning meeting concerning identification of students, project personnel will stress that students should be selected who are most in need and also are most likely to succeed in a group program. This will deter selection of children who first need intensive one-on-one counseling and/or who would be so disruptive that they would inhibit the total groups' progress. Additional screening by the group facilitators will take place in the initial meeting with the students.

Teachers will decide in the initial meeting how they want to deal with families of involved students and give their input regarding the grading system for work with the students. It is the facilitators' feeling that any grades required by the school should be based on student, peer, and facilitator input regarding student success in self-esteem issues. (Homework assignments will be primarily those designed to practice communication, decision making, and other skills, and to work on self-esteem enhancement exercises.)

Other items to be covered in initial planning meetings with teachers include an undrstanding of the fact that although they know their students well, it is not expected that

school personnel will know everything that is going on in a student's life. (For example, which students are abused or are using alcohol and/or drugs.) The school counselor will visit with the teachers concerning her policies regarding when she calls parents, what is confidential information, when she involves teachers, etc.

Teachers will also be told in these sessions some things they may expect. For example, some students, as they begin to become aware of conflicts in their lives or to heal emotional wounds, "act out," or "get worse before they get better." As teachers will be engaged in sample exercises to enable them to understand the content and processes of the sessions, their competencies in dealing with these students will be enhanced. Discussions will include components of high self-esteem, signs of high and low self-esteem, ways of identifying students who are "at risk" regarding learning, and model communication skills to use with students. It is expected that because teachers will be able to identify and model skills "at-risk students" need (e.g., effective communication skills), they will be better able to support and be positive with students.

Teachers will also receive materials on loan or as handouts including resources for working with low-achieving students at the middle school age and at-risk students in general. These will include materials from Nightingale-Conant, Quest, books such as How to Talk to Kids So They Will Listen and Listen So Kids Will Talk, the Wellness Workbook, and other curriculum they can add to their presently available materials. These processes should assist teachers in planning how to integrate the student sessions with any ongoing student assistance efforts. Teacher will understand and give input regarding how they can support the program and how the program can support their duties (e.g., use of consistent communication skills, positive expectations of students, etc.). The school counselor and the facilitators will discuss the importance of right and left brain exercises, holistic learning approaches, how to deal with feelings in the classroom, and a comprehensive discussion of feeling versus behavioral approaches to work with students who are at risk. (This will include which students are best affected by a behavioral versus a feeling approach, under

what circumstances they should be integrated, etc.) Learning style theory will thus become more concretely incorporated in ongoing school activities. The focus on choice versus change will be discussed in depth in meetings with teachers and will become an integral part of at-risk student assistance efforts. These ongoing student assistance team efforts will also make decisions concerning which students need individual counseling.

Major points of discussion will also be how the students involved in the at-risk program can feel a part of ongoing class situations and the importance of school staff having positive student expectations and keeping all session information confidential. They will make decisions concerning how they want to be involved with regular reports to families and how they want facilitators to report and otherwise be accountable to them.

A meeting will be held with students to explain the processes to them and conduct additional screening before finalizing the composition of the group. Goals for the group and the roles of the school teachers, counselor, and principal concerning the group will be discussed. Students will be queried regarding their expectations. They will be told that the group will involve right and left brain approaches and then it will have physical, intellectual, attitudinal, and behavioral components. The fact that there will be homework will be discussed. The counselor will explain how and under what circumstances she talks to parents. This format should encourage students to trust the process and to accept greater responsibility for their behavior.

Concerning family involvement, as stated earlier, the school principal will secure the parental approval for students to be involved. A meeting will be held with parents explaining their child's potential involvement. Extended family members and siblings will be welcome at this meeting if parents feel that their presence is appropriate. The focus of this meeting will be to communicate the goals for the project to parents and to determine their goals. Parents will have the option of meeting only individually with project facilitators and school personnel or meeting in the group setting. They will be required to attend one meeting per month with facilitators and school personnel briefing them on their

child's progress. This requirement will be in writing and parents will receive a letter stating that they are expected to attend such meetings.

Parents will be invited to experience some of the exercises that the students will be using and/or observe a video tape of samples of processes to be used (e.g., communication skills training). An explanation will be given regarding why such skills are useful in school academically and in social development. Parents will also be told that some students may "act out" as they are dealing with emotional issues. Parents will be told in the opening meeting and throughout the project what they can do to reinforce student success and self-esteem enhancement. Copies of all messages to parents will be given to students so that their trust of and rapport with school and project staff will continue to be strengthened.

These activities should reinforce the sessions as school-sanctioned events and relieve any parental anxiety concerning processes to be used or negative influences from "those other kids." Parents will be given a copy of the Wellness Workbook and How to Talk to Kids So They WIll Listen and Listen So Kids Will Talk and other types of handouts. All materials will be focused on the holistic development of teenage students and self-esteem enhancement exercises.

The project will start at the beginning of a grading period so that facilitators can accurately measure any changes in grades and rates of absenteeism. These will add to the pre- and post-test measurements regarding self-esteem. Pre- and post-tests will focus on how much responsibility students accept for their behavior and decisions, how much control they feel they have over their own lives, their levels of self-esteem, and related dimensions. Teacher interviews will be conducted to ascertain why the students were selected (baseline needs data). Peer and facilitator feedback will occur continuously throughout the sessions.

The group will meet for two and one-half hours, two times a week. The exact times for sessions will be determined by district personnel. The sessions will be experiential in nature and will deal with the topics described on page one related to self-esteem, decision-

making processes, self-responsibility, self-purpose, and communication skills. Each topical area will be designed to improve the academic achievement of the students involved in the program by enhancing their self-esteem.

If the school district prefers that grades be given by the facilitators, they will be based on class performance related to achievement of skills training and completion of homework for the course. (It would be the school's decision whether or not these grades were reported. The facilitators do not have a vested interest in grades. Their primary concern is that the format selected by the district foster trust. Sessions for students who are experiencing pain that is inhibiting their learning must be conducted in a "safe" format.

Facilitators will conduct a weekend retreat of the students toward the beginning of the course to build group trust and rapport, and to have enough time to process some individual issues of students. As needed, the school counselor, students, will connect students with community counseling services. This may or may not involve family counseling.

The focus will be on students making choices regarding their lifestyles and behaviors. They will increasingly learn that they have choices in life. This will decrease victimization behavior. One of the goals of the project will be to establish a long-term peer support system so that students can acquire "buddies" and support each other during school hours, vacation periods, and after the course is completed.

The primary sources of evaluation will be:

* the pre-post scores on student self-esteem instruments
* pre- and post-measurements of grades
* pre- and post-rates of absenteeism
* student course grades
* pre- and post-measurements of teachers' opinionnaires regarding the students' self-esteem
* parental, principal, and counselor interviews

This project, based on a successful pilot project, will assist in preventing teenage pregnancy, addiction to drugs and/or alcohol, and school dropouts. It will also contribute to a healthier society in general, including the creation of a drug-free workplace.